

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			1-27-02
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	LS	10589	1/17/02
<b>RESPONSE FORMALITY REVIEW</b>	CT	55.1	04/18/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	1	1	4-7-02
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50		✓	

Claim	Final	Original	Date
51	1	✓	4-7-02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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